V. S. No. 1

	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	ECORD. Ever	PHYSICIAN	sact statemen	
)	RMANENT R	XACTLY.	classified. Ex	
	IIS IS A PE	be stated E	be properly	of certificate.
	INK-TH	AGE should	that it may	ons on back
	H UNFADI	r supplied.	ain terms, so	See instructi
	MALY, WIT	be carefully	EATH in pl	important.
	-WRITE PL	mation should	CAUSE OF I	TION is very important. See instructions on back of certificate.
	N. B.		4	

19. UNDERTAKER

(Address)

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 14008
1. PLACE OF DEATH	(22)
County Caroline	Registration Dist. No. 62
Village or City Counte alus Ha	uc No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredvrsm	osds, How long In U.S.If of foreign birth?yrsmosds,
2. FULL NAME Heamas Deull	If U.S. Veteran specify WAR
(a) Residence: No. Hills boro	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
all widows	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
tory MITS of Zuares Paculley	22. HEREBY CERTIFY. That I attended deceased from 1935 to 4ed 30 1936
01 12 169	I lest saw h as alive on A ee 28 , 1935; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE 56 Years Months Days If LESS than	to have occurred on the date stated above, et. 34 m.
Ade So reals Months Days 11 LESS than	
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	0
SAWYER, BODKKEEPER, etc.	Cerebral Hemorrhage Wers
work was done, as SILK MILL, SAW MILL, BANK, etc.	Celebral Hemorrhage Dieze
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent In this year) occupation	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mary Land	
13. NAME H AND BOUTE	
13. NAME Settles 14. BIRTHPLACE (city or town)	No. of a self-self-self-self-self-self-self-self-
14. BIRTHPLACE (city or town)	Name of operation Date of Date
	What test confirmed diagnosis? Was there an autopsy?
I I I I I I I I I I I I I I I I I I I	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NANDRIL Que Du De Composition de Composi	Accident, sulcide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT George / Seulle Say	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) + elkologo Ul	
18. BURIAL, CREMATION, OR REPOVAL	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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To be complete, an occupation return must state:

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGALL V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

(Address)

(Year)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
il die in Vi S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED

V. S. No. 1

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Chronic interstitial nephritis AN 4 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

:	1. PLACE OF DEATH County Caroline		Registration Dist. No. 64
		ame MA D T	
	Village or City Federals by Length of residenca in city or town where deet		(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosd
	2. FULL NAME William M	. Caulk	If U. S. Veteran, specify WAR.
	(a) Residence: No. Federals		
2009	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWE OR DIVORCED (write the word Married	
5a	. If married, widowad, or divorced HUSBAND of (or) WIFE of Elizabeth	Caulk	22. HEREBY CERTIFY, That I attended decassed fro
6	DATE OF BIRTH (month, day, and year) Just	ne 5, 1847	Hast saw h 100 aliva on NVU 30 1933 death is sa
_	AGE Years Months	Deys If LESS th	70.45
,	88 6	3 1 dey,min.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer	Teneral Debilety 7
CCUPATION	9. Industry or business in which work was done, es SiLK MiLL, SAW MILL, BANK, etc	wn farm	ald age. 10
ပို	10. Oete deceasad last worked et this occupation (month and 930 year)	tt. Total tima (yaars) spant in this occupation	
t 2	2. BtRTHPLACE (city or town) Suss (State or country) Dela	ex County	Other Contributory Causes of importancy: - Fernew (Heart)
2	13. NAME John B. C		- Jan 13
FATHE		line County	Name of oparation Date of
2		rie Morgan	What test confirmed diegnosis? Was there an autopsy? Was there are autopsy?
MOTHE	16. BIRTHPLACE (city or town) Sus	sex County	23. If daath was due to extarnal causes (VIOL ENCE) fill in also tha following: Accidant, suicide, or homicida? Carallet Date of lajury (e-13, 193) Where did injury occur? Home Greeness
17	INFORMANT Lentz Cau (Address) Federalsb	lk urg.Md., R.F	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC BLACE.
18	B. BURIAL, CREMATION, OR REMOVAL PIECE Federalsburg, Md		Manner of Injury Gradeur BA February
t 9	unoertaker J. J. Frampt (Address) Federalsburg		24. Was disease or injury in any wey related to occupation of deceased? NO
20	A FILEO Dec. 9 1935 J. 3	Frameton	(Signad) W. G. Of more M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

should state

of OCCUPA-

Exact statement

properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

is very important.

NOLL

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-WRITE PLAINLY,

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MUNEAU			
Other contributory causes of importance:		Other contributory causes of importance:	1 - 1
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

supplied.

mation should be carefully

-WRITE PLA

m

ż

V. S. No. 1

	F DEATH		(97)	
	Carolone		Registration Dist. No. 4/	
Village or	City	reensboro.	NoSt., death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of re	sidenca in city or town where	death occurred 30 yrsmos	ds. How long In U.S. if of foreign birth?yrsm	108
2. FULL NA	ME Robert	D.Clark		
(a) Reside	nce: No.		St., Ward.	
DEDCO	NAL AND CTATIC	(Usual place of abode)	If nonresident give city or town and	State
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male	White	OR DIVORCED (qurite the word)	Dec. 2635), 193 (Yaai
5a. If marriad, wido HUSBANO of (or) WIFE of	sallie Cla	erk	22. DI HEREBY CERTIFY. That I attanded	
& DATE OF BIRTH	(month, day, and year)	May. 21.1856	Hast saw him aliva on Dec 24 1930	daath Is
	ears Months	Oeys If LESS than	to have occurrad on the date stated above, atm.	
	79 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:	Oate of
8. Treda, prof	ession, or particular work done, as SPINNER.	Dottmod	() / () ·	
9 Industry or	work done, as SPINNER, R, BOOKKEEPER, etc business in which	Retired	Derella Gerleurs clum	()
work w	as dona, as SILK MILL, ILL, BANK, etc	*********************		-
13 To Date deser	sad last worked at upation (month and	11. Total tima (years) spent in this occupation		
10 DIDTUDI ACE /	siau on acums		Other Contributory Causes of importance:	
12. BIRTHPLACE ((State or co		ware	Manuelely	
13. NAME	Lemuel Clar	k		
	CE (city or town)	Delaware	Name of operation Oate of What test confirmed diagnosis? The Was there an	
15. MAIOEN N	AME Margr	ett Abdrews	23. If deeth wes due to external causes (VIOLENCE) fill in also the followin	
5 16. BIRTHPLAC	E (city or town)		Accident, suicide, or homicide? Date of injury	
	or country)	Delaware	Where did Injury occur? (Specify city or town, county and Sta	
17. INFORMANT (Address)	Mrs. Wal Greensbo	ter Weaver	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE. 4
	reensboro M	d Date Dec . 29 , 19 35	Manner of injury	
19. UNOERTAKER _	R.B.Rawlin	88	24. Wes diseese or injury in any way related to occupation of deccased?	na

R.B. Rawlings 19. UNOERTAKER Greensboro. (Addrass)

24. Wes diseese or injury

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If so, specify

(Signed)

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Cerebral hemorrhage	01114 C 10011	July 5	,1927	Peritonitis	3 days ago
-	RITOTATIVE S.				
Other contributory cause	s of importance:			Other contributory causes of importance:	
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				· ·	

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County	carol	i.ne		92.0	Registration Dist. No. 43
Village or	City Pr	eston		No.	St
Length of re	esidence in city or town when	re death occurred	() vrsmo:	death occurred in a hospital or institution,ds. How long In U.S. if of for	give its NAME instead of street and nu
	AME Jame				
	ence: No.			St., Ward.	
		(Usual place	of abode)		If nonresident give city or town and S
PERSO 3. SEX	NAL AND STATIS				TIFICATE OF DEATH
Male	4. COLOR OR RACE		RIED, WIDOWED, D. (-write the word)	21. DATE OF DEATH	Centro 17
5a. If marriad, wide HUSBAND of (or) WIFE of	owed, or divorced. a L.	Corkran		22. / I HEREBY C	ERTIFY, That I attended da
6. DATE OF RIPTS	I (month, day, and year)	Dec. 7.	1864	Least say h AAA alive on	2 t, to bloc 17
	ears Months	Days	If LESS than	to have occurred on the date stated abo	ova, at 9:50 Pm.
	71	10	I day,hrs.	The PRINCIPAL CAUSE OF DEATH an	d ralated causas of Importanca
andustry of	assion, or particular work dona, as SPINNER, R, BOOKKEEPER, etc business of which	Gurpeni	riskası	Chinic mil	Livel the
IQ. Date dacas	business in which as done, as SILK MILL, ILL, BANK, atcsad last worked at supation (month end	I 1. Total ti		Chinic mil	firelation /
12. BIRTHPLACE (business in which ras done, as SILK MILL, ILL, BANK, atc	I1. Total ti span occu	me (years)	Other Contributory Conses of importance	firelation
12. BIRTHPLACE ((State or co	business in which ass done, as SILK MILL, ILL, BANK, atc	I1. Total ti span occu	me (years) It in this pation	Other Contributory Conses of important	firelolis
12. BIRTHPLACE (State or co	business in which as done, as SILK MILL, ILL, BANK, atc	II. Total ti span occu	me (years) It in this pation	Beule Pulso ma	Date of
12. BIRTHPLACE ((State or co	business in which adone, as SILK MILL, ILL, BANK, atc	II. Total ti span occu y Land • Corkray	me (years) It in this pation	Name of operation. What test confirmed diagnosis!	Pul findings there an aut
12. BIRTHPLACE ((State or co	business in which as done, as SILK MILL, BANK, atc	vland Corkray	me (years) it in this pation Joe Mae,	Name of oparation	Date of
12. BIRTHPLACE ((State or co	business in which as some, as SILK MILL, BANK, atc	yland Corkray bester, e E. Harl hodesdale	me (years) it in this pation Joe Mae,	Name of oparation	Date of
12. BIRTHPLACE ((State or co 13. NAME 14. BIRTHPLACE (State (State) 15. MAIDEN N 16. BIRTHPLAC (State) 17. INFORMANT (Address) 18. BURIAL, CREMA	business in which ras done, as SILK MILL, BANK, atc	yland Corkray bester, e E. Harp hodesdale Corkran on, Md.,	me (years) It in this pation Joe Mee,	Name of oparation. What test confirmed diagnosis? 23. If daath was dua to external causes (Accident, suicide, or homicide?	Date of Pulled find mass there an autority of the following: Date of injury

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE THE

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	111711111111111111111111111111111111111		
County Carolin	il	Registration Dist. No. 64	
Village or City	5 11	No. St., St., Geath occurred in a horpital or institution, give its NAME instead of street and r. ds. How long in U.S. if of foreign birth? yrs. mo	osds.
2. FULL NAME Changes (a) Residence: No. Denton	, Md. R.F.D. (Usual place of abode)	St., Ward. If nonresident give city or town and	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 15 (Month) (Day)	, 193 S (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. E	dgell	22. I HEREBY CERTIFY. That I attended ALC. 16 ,1937, to ALC. 15	, 19.35
6. DATE OF BIRTH (month, day, and year) AUS 7. AGE Years Months 77	Days If LESS than 1 day,hrs. or,min.	to heve occurred on the date stated above, at 9:10 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
O SAN MILL, DAME, SC.	tired Farmer wn farm	arterio Aclusous	Date of onset
year) year) 1935	11. Total time (years) spent in this Life occupation Life sex County aware	Other Contributory Causes of importance:	-
13. NAME Robert Ed. 14. BIRTHPLACE (city or town) Susse (State or country) Dela	x County	Name of operation Date of Was there an a	
(State or country) Mary 17. INFORMANT Mrs. Annie	line County land E. Edgell	23. If death was due to externel causes (VIOL ENCE) fill In also the following Accident, sulcide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and States Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	, 19
(Address) Denton, Md 18. BURIAL, CREMATION, DR REMDVAL Place Federalsburg, Md		Manner of Injury	
19. UNDERTAKER J. J. Frampt (Address) Federalsburg 20. FILED Dec. 16 , 1935 5.5	Λ.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Author Md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=1	Example II	253
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
1 2000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important.

V. S. No. 1

CTATE OF MADYLAND CEDTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-d)
County Steware	Registration Dist. No. 4/
Village or City Number 1905.	No. St., Ward
Length of residence in city or town where deeth occurred 17 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Low J' Troce:	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Church Schools .	22. I HEREBY CERTIFY. Thet I strended decessed from
6. DATE OF BIRTH (month, day, end yeer) auf 25, 1866 7. AGE Years Months Days If LESS then	I lest saw here elive on Mc , 19 %; death is said
7. AGE Years Months Days If LESS then 1 dey,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Cancer of reclume 2/2/4
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupating (month and	///
O 10. Date deceased last worked et this occupation (month and 1933 11. Total time (yeers) spent in this occupation occupation	Other Contributory States of importence:
12. BIRTHPLACE (city or town) Vuyyuae	(Menoscleroen
14. BIRTHPLACE (city or lown)	Neme of operation Date of
(State of Country)	Whet test confirmed diegnosis? Clustical Was there an autopost D.
15. MAIDEN NAME Maleine Parker	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Maceure Parker 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Castal and, (Address) World and made,	Specify whether injury occurred In INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Trus Que Mad Dete Dec 16, 1975	Manner of Injury
19 UNDERTAKER PB, Row Lingo,	Nature of Injury 24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) Succes tuo mo	If so, specify / mall
20. FILED Led 14, Fo 35 LM all Pyrone Registrar.	(Signed) 5 All M.D. (Address) All M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example A	- 1	Example 11	
of importance were as follows: JAN 3 7000		The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
	12	Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYI	AND-	CERTIFIC	ATE	OF	DEATH
SIAIL	OI	MAINIT	MIND	CLIVIII		OI	DLAII

14016

1. PLACE OF DEATH	(82-0)	
county Caroline	Registration Dist, No. 63	4
Village or City near Smithville	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foreign birth?yrsmos	
200.00	now long in 0.3. It of foleign bif(iii)yismos	sus.
2. FULL NAME to have		
(a) Residence: No. Tederal Line (Usual blace of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male while Smale	(Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, and year) Oug 7 /862	I last saw he sad alive on 12/2 4 1985	death is said
7. AGE Y 2 Yeers Months Days If LESS than	to have occurred on the date stated above, at 7 5 Pm.	, 46811113 3814
/ 3 4 / 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular	were estudions.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Jam work SAWYER, BOOKKEEPER, etc.	Cerebal Nemnhox	10/1/2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Censing Paroly ce- fleps	1/04
Kind of work done, as SPINNER, Jam work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	- / / /	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation		
12. BIRTHPLACE (city or town). Delaware	Other Coutributory Causes of importance:	
(State or country)	-	
II 13. NAME John Harverl		
13. NAME John Hawey 14. BIRTHPLACE (city or town) - Mary Jand	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	ropsy? W
15. MAIDEN NAME OM MUTCH	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME OWN MUTCH	Accident, suicide, or homicide? Date of injury	, 19
State or country)	Where did injury occur? (Specify city or town, county and State))
17. INFORMANT E. M. Harrey	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	ĆE.
(Address) R D 7 2 Clan alarma mad	w.cell	
Place Bloomers pate Dec 28 1933	Manner of injury	
Co (1) O Asha.	Table of injury.	
19. UNDERTAKER (Address) P. J. J. d. a. a. l. a.	24. Was disease or injury in any way related to occupation of deceased?	
M 21 25 = T NOT	(Signed) W S. Krytho	/ M.D
a FILED Alec. 26, 1921 S.S. Fram Slom	(Address) 7 Columbia 1 W	W
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	+

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1926	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REAL	and the second second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLA

N. B.

TION is very important. See instructions on back of certificate.

STATE O	F MARYL	AND-CERT	IFICATE	OF	DEATH
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1401

:	L. PLACE OF DEATH	(82-2)	
	County Caroline	Registration Dist. No	2
	Village or City Denton Md.	NoSt.,	Ward
	CIE -	death occurred in a hospital or institution, give its NAME instead of street and n	
	2. FULL NAME Bensamin Jenk	If U.S. Veteran specify WAR	
	(a) Residence: No.	St. Ward.	
e00000	(Usual place of abore)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the work)	21. DATE OF DEATH	100 15
50	If married, widowed, or divorced	(Month) (Day)	(Yaar)
38	HUSBAND of OF WILLIAM Jankins	22. HEREBY CERTIFY, That I attended to the second s	daceased from
6	DATE OF BIRTH (month, day, and year) Theme (cf 1867	I last saw h Lei elive on Ale 14, 19 35	double cold
	AGE Yaars Months Days If LESS than	to have occurred on the date stated above, a PAm.	, ucetii is said
	68 60 16 16 aday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	11
z	8. Trade, profassion, or particular kind of work done, as SPINNER,		Date of onset
TIO	SAWYER, BOOKKEEPER, etc. Pay Laloner	4	1938
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc	Hemontrage J. Blain	ARI
S	10. Data decaesed last worked at this occupation (month and spent in this		
-	year) occupation occupation	Other Contributory Causes of importance:	
12	BIRTHPLACE (city or town) fff any land		
2	(State or country)		
FATHER	13. NAME Benjamin Jenkins		
FAI	14. BIRTHPLACE (city or town) for any and	Nama of operation Data of	
EB	15. MAIDEN NAME Jol assist	What test confirmed diagnosis? Was there an a 23. If daath was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town) Mayland	Accidant, suicide, or homicide? Date of Injury	
×	(State or country)	Whare did injury occur?	
17	INFORMANT Kester & Thomas (Address) Wilmington, Del.	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ice.
18	BURIAL, CREMATION, DR REMOVAL	Mannar of injury	
_	Place audtour Date Dec: 19, 1935	Nature of Injury	
19	UNDERTAKER J. Zural Zuron	24. Wes disease or injury in any way related to occupation of deceased?	in
_	(Address)	If so, specify	
20	FILED 12-18, 1935 m 40 0 4 conge	(Signed) frill voe Clarge	M. D.
	. Registrar.	(Addrass)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Ex	ample I		Example II		
The principal cause of deat of importance were as follow	h and related causes	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JAN 0 IO.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	July O TOOD	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BENEZET W.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	200	

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. properly classified. E

1. PLACE OF DEATH	(122-4)
County Caroliul	Registration Dist. No.
Village or City Weuton Jud	No. St., Ward
Langth of rasidenca in city of town where death occurredyrsf	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clearles andrew for	Addadad S. Veteran apecify WAR.
(a) Residence: No. Deutow 2	A. St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	193
5a. If marriad, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBAND OF Mary Chambers Johnson	22. MI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Lefet 18 m 146	I last sew h. alive on Con 193 ; death is seld
7. AGE Yeers Months Oays If LESS that	
69 3 2 1 day,	ALCO AL CAUSE OF DEATH AND TORICO COURSES OF INSPERIOR
Trade profession or particular	Infustment to ruching: due Oato of onset
kind of work done, es SPINNER, Was SAWYER, BOOKKEEPER, etc.	to adhesions not due to concere
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceesad lest worked at this occupation (month and	Duration: two mosths
SAW MILL, BANK, etc.	Ceyton
Frederiales	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
13. NAME TO PLANT	
E COCCO	Note of a souther
[14. BIRTHPLACE (city or town)	Neme of operetion Dete of Was there en eutopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
E	Accident, suicida, or homicide?
16. BIRTHPLACE (city or town)	Where did Injury come?
California	(Specify city or town, county and State)
17. INFORMANT are facility (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Overloyd (subsete) Il. Ad, 19	Neture of injury
10 HUGGETANTO J. Place all Marion	24. Was disease or filluly in any way releted to occupetion of decaesad?
19. UNDERTAKER (Address)	If so, specify and a first of the second of
12 21 2102 426	(Signad) Shilling / MMV) M. O
20. FILED 12- 1931 Ma W 7 Cucy C	(Address) Cellin mi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IAN R Ton	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAILV, B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1007-000-100-01			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain te

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1401	6
1. PLACE OF DEATH	94-0	
County Caroline	Registration Dist. No. 6 H	
Village or City hear frederalsbung	No. St.,	War
Length of residence in city or town where death occurred 4 yrs	If deoth occurred in a hospital or institution, give its NAME instead of street and numb- isds. How long in U.S. if of foreign birth?	
2. FULL NAME Courtis W mon	tomery	
(a) Residence: No. Pederals Brura, Mid	St. Ward.	
(Usual place of abode)	If nonresident give eily or town ond State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
DA OR DIVORCED (write the word)	21. DATE OF DEATH Lee 6	3-
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Congression Many	22. I HEREBY CERTIFY, That I ettended deces	ased fro
	12/3, 1935, to 17/6,	192
6. DATE OF BIRTH (month, day, and yeer) 20 1860 7. AGE Years Months Days If LESS than	I last saw h saa glive on 19 ; dea	ath is sa
75 14 16 1 day,hrs	to have occurred on the date stated above, at £ 4.0 / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	wore as follows:	te of ons
kind of work done, as SPINNER fand familee SAWYER, BDDKKEEPER, etc.	anguna Pictoris 1	2/57
9. Industry or business in which work was done, as SILK MILL.		-1
kind of work done, as SPINNER SAWYER, BDDKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (months and an analysis)		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 25.	d	
Om.	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		
13. NAME John W Montgowery		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	Whet test confirmed diagnosis? Was there an au'ops	sy? ho
I 15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,	19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) Heldrales we my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL CE Benefix	Manner of injury	
Place Hovent Hook Par Date Volce 9 -, 1936		
19. UNDERTAKER Of Badans & Brug. (Addiess) Fiederalstang Widk	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED Daie. 7th, 1935 J. J. Fran Stal.) Registrar.	(Signed) W / / Mark (Address) Felwleby My	M.
If more blanks are needed, address State Registran	, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
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Chronic interstitial nep	hritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	3.50 4 1000	July 5,1927	Peritonitis	3 days ago
		\		
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA-1. PLACE OF DEATH plnods County Car Registration Dist. No. item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence In city or town where death occurred ds. How long In U. S. If of foreign birth? vrs. mos. ds. statement RECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT ann classified. H 5a. If married, widowed, or divorced HUSBAND of ~ C CERTIFY, That I attended deceesed from (or) WIFE of × E certificate. 6. DATE OF BIRTH (month, dey, and yeer) properly 7. AGE Months Devs If LESS than to heve occurred on the date stated above, at 1 dey, hrs The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance S or min. 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc..... UNFADING INK-THIS OCCUPATION of may back 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at uo 11. Totel time (yeers) this occupetion (month and spent in this that occupetion ____ instructions 12. BIRTHPLACE (city or town) _ J (State or country) supplied. plain terms, FATHER See 14. BIRTHPLACE (city or town) Name of operation ... (Stete or country) carefully What test confirmed diegnosis?_ MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) filt in also the following: DEATH Accident, suicide, or homicide? Dete of Injury 16. BIRTHPLACE (city or towns (Stete or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE plnous OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury 3 CAUSE mation Nature of Injury. NOLL 24. Was diseese or injury in eny wey releted to occupation of deceased? If so, specify

FOR BINDING

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting . S. No. 1.

Data of onset

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 2 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage IAN 4 1000	July 5,1927	Peritonitis	3 days ago
STIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	1 100	1
County arabil	Registration Dist. No. 66	
Village or City Ridusely	No.	Ward
Length of residence in city or town where death occurred 77 yrs. 8 mos	death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME Sus Dunis Prit	. 19 ds. How long In U.S. if of foreign birth?yrsmos	ds.
	nell.	
(a) Residence: No. Jandinson (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	niconstants.
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male whate surface (write the word)	21. DATE OF DEATH December 28, 1935 (Month) (Day) (Yea	, ar)
5a. If married, widowed, or divorced HUSBAND of Sallie Pritchett - 1st nufe (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased	from
6. DATE OF BIRTH (month, day, and year) about 19 1858	I last saw h. M. alive on December 38, 1935 death !	
6. DATE OF BIRTH (month, day, and year) 4 8 8 8 7. AGE Years Months Days If LESS than	I last saw h. A. alive on Accessful 28, 1935; death lito have occurred on the date stated ebove, et 7: 504 m.	s seid
77 8 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or postinutes	were es follows:	onset
kind of work done, as SPINNER, Januar	Unknown	
SAWYER, BOOKKEEPER, etc Sawwick. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this generation of the same this property for the same this property for the same this same than the		
10. Date deceased lest worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (city or town) Hundarian (State or country)	Other Contributory Causes of Importance:	
	Broncho fineumania 12-7	16-3:
13. NAME Homes Tutchett 14. BIRTHPLACE (city or town) Mukenown (State or country)	Name of operation. 200 Date of	
	What test confirmed diagnosis Clause of funding as there an au'opsy?	240
Ξ	23. If death was due to external causes (VIOLENCE) fill In also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT James J. Priletlegtt	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Near Ridgely Date for 3/ 1935	Nature of injury	
19. UNDERTAKER A By Cambridge 's (Address)	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILE DEC 28, 1935 JA Davis Registrar,	(Signed) Steffe (Address) Coldy el med	M. D.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis FIVEU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	and the best been	July 5, 1927	Peritonitis	3 days ago
	JAN 2 155			
Other contributory	causes of importance!		Other contributory causes of importance:	
Gallstones	The contract of the contract o	May 1,1923	Gastroenteritis	1 year

OCCUPA. should PHYSICIANS statement RECORD. Exact PERMANENT classified. × certificate. properly IS THIS may on that instructions WITH UNFADING plain terms, important OF DEATH WRITE PLA S CAUSE mation LION

BINDING

MARGIN RESERVED

1. PLACE OF DEATH County Caroline Registration Dist. No. Village or City Near Federalsburg (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 25 yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. 2. FULL NAME William Garfield Ricketts If U. S. Veteran, specify WAR. Federalsburg, Md., R.F.Dst. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word)
Married Black Male (Yeer) 5e. If merried, widowed, or divorced HUSBAND of Rebecca Ricketts (or) WIFE of 1882 July 6. DATE OF BIRTH (month, dev. end veer) 7. AGE Months If LESS than Devs 1 day,____hrs. July unknow The PRINCIPAL CAUSE OF DEATH and releted causes of importence 8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... Own farm 11. Total time (years)
spent in this uife 10. Dete deceesed last worked et this occupetion month and yeer) Sussex County 12. BfRTHPLACE (city or town). Delaware (Stete or country) FATHER Bayard Ricketts f3. NAME Unknown 14. BIRTHPLACE (city or town) ... (Stete or country) Was there an autons WO MOTHER Unknown 15. MAIDEN NAME 23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following: Unknown Accident, suicide, or homicide?_____ Date of injury_____ 16. BIRTHPLACE (city or town) ___ (Stete or country) Where did injury occur?. (Specify city or town, county and State) Mrs. Rebecca Ricketts Federalsburg. Md. R.F Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT ... 18. BURIAL CREMATION, OR REMOVAL Menner of Injury Place Bethel . Md . Date Dec. 8 1935 Neture of injury 24. Was diseese or injury in any wey releted to occupetion of deceesed? J. J. Framptom & Son 19. UNDERTAKER Federalsburg, Maryland If so, specify 20. FILED Dec. 6 1935 5.3. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exam	iple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	-4-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilas	1010	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jin	July 5, 1927	Peritonitis	3 days ago
	LIDEAU V.			
Other contributory causes of	importance:		Other contributory causes of importance:	The state of the s
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-OCCUPA-Coun Villag of Lengt Exact statement 2. FULI (a) R PER stated EXACTLY. MARGIN RESERVED FOR BINDING properly classified. 5a. If married (or) WIF certificate. 6. DATE OF 7. AGE 8. Trada OCCUPATION be AGE should be of See instructions on back CAUSE OF DEATH in plain terms, so that it may 9. Indus 10. Data 12. BIRTHPL mation should be carefully supplied. (Stata FATHER 13. NAM 14. BIRT MOTHER TION is very important. 15. MAIL -WRITE PLAINLY, 16. BIRT 17. INFORMA (Addi 18. BURIAL. Plaça f9. UNDERTA (Add m 20. FILED.

L OF DEATH	93-0	
y Caralin	Registration Dist. No	2
e or City Desettan	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. If of foralgn birth?yrsm	
NAME Luce and built	If U.S. Veteran specify WAR.	0.0000000000000000000000000000000000000
residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ALCUMENT 10 (Month) (Day)	, 193 (Yaar)
BIRTH (month day, end year)	1 HEREBY CERTIFY. That I ettended 13 1930 to Alec. (0) 1 last saw h	dacaasad from
Yaars Months Days If LESS than 1 day,hrs.	to hava occurrad on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
I, profession, or particular of work dona, as SPINNER, AWYER, BOOKKEEPER, etc. AWYER, BOOKKEEPER, etc.	Teneral activity relieves	Data of onset 1930
stry or business in which ork was dona, as SILK MILL, AW MILL, BANK, etc	•	
daceasad last workad at is occupation (month and spant in this occupation caupation		
ACE (city or town) Sillingsturg	Other Contributary Canoes of importance:	1925±
James & Fodd	Browdiestons	1930
HPLACE (city or town) Stata or country) Tuaty land	Nama of operation Dete of	
EN NAME Collins	23. If death was due to external causes (VIOLENCE) fill in also the following	
HPLACE (city or town) (f	Accidant, suicida, or homicide? Date of injury Where did injury occur?	, 19
NT Oren Swith	(Specify city or town, county and Sta Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
REMAKION, OR REMOVAL Cust Date Jost 12, 1932	Mannar of injury	
KER J. Titgil Moore	24. Was diseasa or injury in any way related to occupation of deceesed?	2000
2-12,1935 Dr. A. 6 George Registrar.	(Signed) Jaul Molls (Addrass) Duton Mo	M. D.
	700	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes	.Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	IAN 8 1920	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephriti-	01.7	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURFALL V.	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes Gallstones	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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_	200	,
	Y	N

state UPA. OCCI plnods PHYSICIANS statement RECORD. Exact classified. ~ × certificate. properly stated SI THIS plnods back may INK On that AGE instructions supplied. terms, plain efully important OF DEATH pe should CAUSE mation

FOR

MARGIN RESERVED

3. SEX Male 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Sept. 11. 7. AGE

OCCUPATION

FATHER

MOTHER

1. PLACE OF DEATH

(a) Residence: No.

74

10. Date deceased last worked at

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

12. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

13. NAME

B. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.....

this occupation (month and year)

County Caroline Village or City Federalsburg Registration Dist. No.

ND. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) vrs 2 mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds.

Length of residence in city or town where death occurred... 2. FULL NAME Albert Tingle

4. COLOR OR RACE

Colored

Months

PERSONAL AND STATISTICAL PARTICULARS

Mary E. Tingle

Whaleyville

Berlin

Mrs. Mary E. Tingle

Place Federalsburg, Md Data Dec. 181935

19. UNDERTAKER J. J. Framptom & Son (Address) Federalsburg, Maryland

20 FILED Dec. 1719 35 J. J. Tran

Federalsburg, Maryland

H. Tingle

Maryland

Maryland

If U. S. Veteran, specify WAR

Federalsburg, Maryland St.. (Usual place of abode)

> 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word)

> > 11. Total time (years)

1861

If LESS than

1 day....hrs.

or min.

spant in this Life

Married

Davs

5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December (Month)

CERILF YO That I attended deceased from

to have occurred on the date stated above, at 7 p. m

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Data of onset

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide?_____ Date of injury_____

(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	4	12	- 2	No
	42	1.7	1	٠,
. E	X	U	Sept.	0 1

1. PLACE OF DEATH		(51-C)
County Caroline		Registration Dist. No. 6 3
Village Dr City Linchester Length of residence in city or town where death occurred	(If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Joseph H. Trice		
(a) Residence: No. (Usual place of		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED.	(write the word)	21. DATE OF DEATH December (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clatie H. Frice		22. I HEREBY CERTIFY. That I attended deceased from 1935
	166	last sawh. AA alive on Dec 1935; death is said
	if LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (menth and		Carcinoma of Prosteto 1934
This occupation (month and Shell)	e (years) in this ation	
12. BIRTHPLACE (city or town) Burg ock (State or country)		Deneralized melesteses 1925
13. NAME Thos. A. Irice		1 st stage Suprapulie prostation
13. NAME Thos. A. Trice 14. BIRTHPLACE (city or town) W. Hurlink Low (State or country)	G	Name of operation Date of Otto 1734 What test confirmed diagnosia and fassul was there an autopsy? Ale
15. MAIDEN NAME LOVey Wright		23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME LOVEY Wright 16. BIRTHPLACE (city or town) Hurlock (State or country) Dor chester		Accident, suicide, or homicide?
17. INFORMANT Clatie 1. Price (Address) Presson, Md.,		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Date Dec.	8 ,19 35	Manner of injury
19. UNDERTAKER W. H. Hollis & Son (Addiess) Preston, Md.,		24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED \$ 2 £ 7 1935 blue B. 6	Registrar.	(Signed) M. C. Seyman Bryand M. D. (Address) Jedensburg Ind.
If more blanks are needed, add	ress State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4.11 V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	ELLIMIE
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V 14026

1. PLACE OF DEATH	(9:2)
County Cestaline	Registration Dist. No.
Village or City Mar Deutan	No. St., Ward
Length of residence In city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME ALARY ALL WALL	If U.S. Veteran apecify WAR
(a) Residence: No. Deutaw Wes	1
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale will quarreed	(Month) (Day) (Year)
5a. If married, widowed, or divorced 100 SAND 01 O(0) WIFE of Ource O	22. A I HEREBY CERTIFY. That I attended deceased from
-(or) WIFE OF (FIRE COLD)	Dec. 8 19 95 to Dec 12 19 35
6. DATE OF BIRTH (month, day, and year) May, 26 = 1866	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
69 6 1 day,hr	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. at Leaul 9. Industry or business in which	1938
SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this eccupation (month end	Pluney will Effusion Die 6
0 10. Oate deceased last worked et this occupetion (month end spent in this	
year) occupation	Other Cantributory Causes of importance;
12. BIRTHPLACE (city or town)	A
(State or country) Lucy Caud	Myococclete 1931
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operationOats of
(State of country) may have	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Edua Starface 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicida?
Za Come MII (Toler la	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTAL JULIUS	pecify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I VIII Delle Date Le (5, 19 3:	Natura of Injury
19. UNDERTAKER J. Wirail Maron	24. Wes disaase or injury In eny way related to occupation of deceased? No
(Address) Dullan	If so, specify
20. FILED 2/14 1935 Jun 110 George	(Signed) Leave M. O.
Registrar.	(Address) Prulue

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 6 1926				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1300
1. PLACE OF DEATH		1700
County Caroline	Registration Dist. No. 100	
Village or City Henderson!	NoSt.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and number of the s	
2. FULL NAME Sarch E. Walls.		
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Machinely	21. DATE OF DEATH (Month) (Day)	193 5 - (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Kathen Walls.	22. JEREBY CERTIFY, That Lattended d	eceased from
6. DATE OF BIRTH (month, day, and yeer) Dayay 25-/86/	I lest saw h elive on 13/3 1936	death is said
7. AGE Years Months Oeys If LESS then	to have occurred on the dete steted above, et. 6.36 7m.	
74 6 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were as follows:	
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	humb of somey	Date of preset
9/Industry or business in which work was done, as SILK MILL,		
10. Date deceased last worked at this occupetion (month and year) 11. Total time (years) spent in this occupation occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:	hude
13. NAME John W. Franklin	Clille Mepteriles	
14. BIRTHE ACE (city or town)	Nama of operetion	
(State or country)	What test confirmed diagnosis? Wes there en au	rtopsy?
15. MAIDEN NAME	23. If deeth wes dua to externel causes (VIOLENCE) fill in elso tha following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Oete of injury Where did injury occur?	
17. INFORMANT Howey Walls, (Address) Mediculians, Md.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Susus Seo Hel Deta Dec 9 , 1935-	Mennar of injury	
19. UNDERTAKER R'BRAWlings. (Address) Beens bio. mid.	24. Was diseese or injury in any way related to occupetion of deceesed?	
20. FILEO 175, 135 alsmith	(Signed) Allers (Address) Alales Sha ka	M. D.
To man black and all the Control	N Cl. J. C	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
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Chronic interstitiat nephritis AN 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
An a managed the desired and property and property and a second and a				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

nfor- state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	<u> </u>
M) of Occording	County Caroline.	Registration Dist. No. 1014
	Village or City Federals Burg R. F. B	NoSt.,Ward
0 1		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrs
RD. Every YSICIANS statement	B B B 2.00	
ten ten	2. FULL NAME ROOM 1004 WELLS	If U. S. Veteran, specify WAR
	(a) Residence: No. Feder a 3 8 ung Md. R. t.	St., Ward. If nonresident give city or town and State
RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 26 5
TC. T. L. Y ed.	riale volule Single.	(Month) (Day) (Year)
IDING MANEN A C T J assified	5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
BINDIN ERMANI EXACT y classific	(or) WIFE of	, 19, to, 19
BINJ ERM EX y cla	6. DATE OF BIRTH (month, day, and year) Dec. 26 1935	I last saw h; deeth is seft
- d	7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm.
FOR IS A stated proper ertific	27174 - 30411, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
THU PAPE	SAWYER, BOOKKEEPER, etc	
KTT Nould may back	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	fullow
RESERVED G INK—THIS GE should be that it may be ons on back of	- I this occupation (month and spont in this	
NG I AGE that ions o	yeer) occupation	Other Contributory Causes of importance:
Ed Y 1999	12. BIRTHPLACE (city or town) Care Since Co. (State or country)	
MARGIN RE UNFADING supplied. AGI	1 00	
Did e	Ξ	Nome of counties
T P 70	14. BIRTHPLACE (city or town) wona tonanety (State or country)	Neme of operation
WITH efully in pla ant.	15. MAIDEN NAME Trances Lord	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
	15. MAIOEN NAME Trances Lord 16. BIRTHPLACE (city or town) Caroline Co.	Accident, suicide, or homicide?Oate of injury19
AINLY, Id be can DEATH	(State or country)	Where did injury occur?
	17. INFORMANT Williams Wolls	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	(Address) Federale burg Md. R.F.B. 18. BURIAL, CREMATION, OR REMOVAL	
F-1 02	Place American Corner Md. Oate Dec. 27th 1935	Manner of injury
WRITE mation sl CAUSE TION is	00 / 100	Nature of injury
	(Address) Federals trues and P.F.D.	24. Was disease or injury in any way related to occupation of deceased?
S. No.		(Signed) MACA Grando M. O
» ż	20. FILEO Jan. 1H., 19 3 le S. J. Fram Tem.	(Address) Rollingth
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ĺ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 F W 1 A	1 ^			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	County		roline				(159) Registration Dist. No. 64	
	,			sbur			No. St., death occurred in a hospital or institution, give its NAME instead of street and	Wa
	Langth of rasi	dence in cit	y or town where	death occ	urred	(li mosmos	dealh occurred in a hospital or institution, give its NAME instead of street and 9hrs. How long in U.S. if of foraign birth?	number) 10s
2.	FULL NA	ME	Infant	Will:	in			
	(a) Residen	ce: No	Federal	sbur	g.R.	F.D. Md.	St., Ward.	
_	PERSON	AL ANI	D STATIST			of abode)	If nonresident give city or town and	d Stale
3. S			OR RACE	5. SINC	GLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Dec. 26 (Month) (Oay)	, 193 5 (Yaar)
5a. I	f married, widow HUSBAND of (or) WIFE of	ed, or divor	ced		-16		22. I HEREBY CERTIFY, That I attanded Dec. 26 1935 to Dec. 26	daceased fr
6. D	ATE OF BIRTH	month, day,	and yaer) D	ec.	26, 1	1935	I last sew her alive on Dec. 26 ,19 35	
7. A	GE Yea	rs	Months		Oays	If LESS than 1 day, 9hrs. ormin.	to have occurred on the deta steted abova, at 10. Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of one
OCCUPATION	8 Trade profession or particular						PREMATURE BIRTH	-
220	10. Date deceesa	ad last workad at petion (month and			11. Total time (yaars) spent in this occupetion			-
12.	BIRTHPLACE (cit		Nr. Fe	dera		g, Md.	Other Contributory Causes of importance;	
ER	13. NAME		Louis G	. Wi	llin			
FATHER	14. BIRTHPLACE (city or town) Dorchester Co., (Stata or country) Md.						Neme of operation	
끮	15. MAIOEN NAME Elanor Sherman						23. If death was due to external causes (VIOLENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or town) Dorchester Co., (Stata or country) Md.						Accidant, suicide, or homicide?	
	NFORMANT (Addrass)	Feder	ralsburg				Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Flynn Farm Oate Dec. 26 1935						26 , 1935	Manner of injury	
19. 1	Federalsburg, R.D.Md. 19. UNDERTAKER J. J. Framptom (Address) Federalsburg, Md.						24. Was disaasa or injury in eny wey ralated to occupation of deceased?	
20. 1	FILEDDec						(Signad) 5.5. Fram stom. (Addrass) Federal Prung Local Re	egistra

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II		
use of death and related causes ere as follows:	Date of onset 1 week ago	
car	1 week ago	
	3 days ago	
ry causes of importance:	1 year	